STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E681	A. BUILDING 01 B. WING	01/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILDEGARD HEALTH CENTER INC	802 E 10TH STREET FERDINAND, IN 47532

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/24/11 Facility Number: 004429 Provider Number: 15E681 AIM Number: 200502430 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Hildegard Health Center Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This facility was located on the third floor of a four story building which was determined to be of Type I (332) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and resident rooms. The facility has a capacity of 17 and had a census of 17 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 01/31/11 APPROVED 2/17/11 DA 2-17-11 ~~The facility~~ was found not in compliance with the aforementioned regulatory requirements as	K 000	RECEIVED FEB 15 2011 LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH Preparation and execution of this response and plan of correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with Section 7305 of the State Operations Manual. The facility hereby requests consideration of a paper compliance re-survey.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: See attached for signature
TITLE: (attached)
(X6) DATE: 2-14-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 evidenced by the following:	K 000		
K 033 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) in buildings four stories or more are enclosed with construction having fire resistance rating of at least two hours, are arranged to provide a continuous path of escape, and provide protection against fire and smoke from other parts of the building. In all buildings less than four stories, the enclosure is at least one hour. 8.2.5.4, 18.3.1.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 3 of 6 stairway doors from the third floor were equipped with positive latches. NFPA 101 at 7.1.3.2.1(c) requires openings be protected by fire door assemblies. NFPA 101 at 8.2 says the fire doors shall be installed in accordance with NFPA 80, and NFPA 80 at 2-1.4 requires all swinging doors shall be closed and latched at the time of fire. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on observation on 01/24/11 between 11:00 a.m. and 11:45 a.m. during a tour of the facility with the Facility Manager, the following doors that open to the stairways from the third floor were not equipped with positive latches: the east exit door, the Chapel door at the east stairway, and the	K 033	**K 033** ***What corrective action will be accomplished for those residents found to have been affected by the deficient practice?*** Positive latches will be installed on the 3 stairway doors from the third floor. ***How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:*** All residents could be affected. This corrective action will benefit all. ***What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?*** Installing the positive latches will insure that the deficient practice will not recur. ***How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?*** Installation of the positive latches on the stairway doors will insure that all swinging doors be closed and latched at the time of fire. A representative from Felts Lock and Alarm Co., Inc., Jasper, IN, was on site January 31, 2011. After looking at the doors and determining what was needed, an order was placed with Felts Lock on January 31. Up to two weeks is needed to receive the required mechanisms. They will be installed upon arrival. After installation, maintenance will physically check the latches monthly. ***By what date the systemic changes will be completed?*** February 23, 2011	

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K 033	Continued From page 2 west exit door. This was acknowledged by the Facility Manager at the time of each observation. 3.1-19(b)	K 033		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 2 fire alarm control panels located in an area not continuously occupied, was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. NFPA 72, National Fire Alarm Code, at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect all residents, staff, and visitors in the facility.	K 051	K 051 ***What corrective action will be accomplished for those residents found to have been affected by the deficient practice?*** A hard-wired smoke detector will be installed above the main fire panel. ***How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:*** All residents could be affected. This corrective action will benefit all. ***What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?*** Installing the hard-wired smoke detector above the main fire panel will provide automatic smoke detection at that location before it is incapacitated by fire. ***How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?*** Installation of the hard-wired smoke detector will provide automatic smoke detection at a location not continuously occupied. On Jan. 27, 2011, Weyer Electric, Ferdinand, IN, did the wiring and installed the smoke detector. On Feb. 4, 2011, Simplex put the "address" into the fire panel. Work has been completed. Simplex will check the smoke detector semi-annually. ***By what date the systemic changes will be completed?*** Completed February 4, 2011	

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K 051	Continued From page 3 Findings include: Based on observation on 01/24/11 at 10:45 a.m. during a tour of the facility with the Facility Manager, the main fire alarm control panel was located in the employee break room which was not electrically supervised by a smoke detector. This was acknowledged by the Facility Manager at the time of observation, furthermore, the Facility Manager indicated the employee breakroom was not continuously occupied.	K 051		
K 144 SS=F	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is	K 144	**K 144** ***What corrective action will be accomplished for those residents found to have been affected by the deficient practice?*** The emergency generator will be equipped with a remote manual stop to be located in the power house but away from the main generator. ***How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:*** All residents could be affected. This corrective action will benefit all. ***What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?*** Installation of the remote manual stop will allow the provision of shutting down the engine at the engine and from a remote location. With this installation, the deficient practice will not recur.	

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K 144	Continued From page 4 located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility. Findings include: Based on observation of generator equipment on 01/24/11 at 12:00 p.m. during a tour of the facility with the Facility Manager, no evidence of a remote shut off device was found for the generators, furthermore, during observation of the generator it was indicated the generator was powered with 430 horsepower. Based on interview at 12:15 p.m., the Facility Manager indicated he was not aware of a remote shut off device for the generator, furthermore, the Maintenance Supervisor indicated the generator was installed before 2003. 3.1-19(b)	K 144	K 144 (continued) ***How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?*** Installation of the manual remote stop will prevent this deficient practice from recurring. The remote manual stop has been ordered and received. Weyer Electric, Ferdinand, IN, will install the remote stop. The remote stop will be checked weekly for proper operation. ***By what date the systemic changes will be completed?*** · February 23, 2011	